## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE Free Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FFF and PURI ICATION FFF (if required) Rlocks 1 through 5 sho

appropriate. All further ndicated unless correct maintenance fee notifica	correspondence including deliberation of the correspondence including deliberations.	ng the l nerwise	Patent, advance of in Block 1, by (a	rders and notification of a) specifying a new corre	maintenance fees vespondence address	vill be i and/or	mailed to the current (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPOND	any change of address)	Fe par	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
7590 09/27/2006  Platon N. Mandros BURNS, DOANE, SWECKER & MATHIS, L.L.P. P.O. Box 1404					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Alexandria, VA 22313-1404					(Depositor's name)			
								(Signature)
				L.				(Date)
APPLICATION NO.	FILING DATE	i	FIRST NAMED INVEN		OR ATTORNEY DOCKET		RNEY DOCKET NO.	CONFIRMATION NO.
09/901,083 07/10/2001 TITLE OF INVENTION: METHOD FOR REDUCING LEAKAGE CUR				Motoki Higashida RENT OF LSI	1022/0/ 000001			
	·			- ···	. ,			
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1400	\$300	\$0		\$1700	12/27/2006
EXAMINER			ART UNIT	CLASS-SUBCLASS	]			
YANCHUS III, PAUL B 2116			2116	713-001000				
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  BUCHANAN & ROONEY  INGERSOLL 2  2  3				
. ASSIGNEE NAME A	ND RESIDENCE DATA	TO B	E PRINTED ON T	THE PATENT (print or ty	rpe)			
PLEASE NOTE: Unl	less an assignee is identi h in 37 CFR 3.11. Comp	fied be	low, no assignee of this form is NO	data will appear on the properties of the proper	oatent. If an assign assignment.	ee is id	entified below, the do	cument has been filed for
(A) NAME OF ASSIG		=	: (CITY and STATE OR COUNTRY)					
RENESAS TI	ECHNOLOGY CORE		CHIYODA-KU, TOKYO, JAPAN					
lease check the appropr	iate assignee category or	categor	ries (will not be pr	inted on the patent) :	Individual 🖾 Co	rporatio	on or other private gro	up entity Government
a. The following fee(s) are submitted:    State   State   State				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).				
	tus (from status indicated			☐ b. Applicant is no lor				
OTE: The Issue Fee and terest as shown by the r	d Publication Fee (if requeecords of the United Sta	iired) w	rill not be accepted	from anyone other than Office.	the applicant; a regi			assignee or other party in
Authorized Signature	Jams Jar	<u>a</u>	W		Date 21 70 De	Cemb	per 4, 2006	1423,23 CP 388,88 CP
Typed or printed name	James A. I	aBar	re		Registration N	o:	28,632	6.02 QP
his collection of information application. Confident ubmitting the completed his form and/or suggestions.	ation is required by 37 C tiality is governed by 35 I application form to the	FR 1.31 U.S.C. USPT(	11. The information 122 and 37 CFR  D. Time will vary ould be sent to the	n is required to obtain or 1.14. This collection is es depending upon the indicate Chief Information Office	retain a benefit by the timated to take 12 revidual case. Any co	he publi ninutes mments	to which is to file (and to complete, including on the amount of tim	by the USPTO to process) gathering, preparing, and e you require to complete

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.